

COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled MARKER FOR INFLAMMATORY CONDITIONS, the specification of which:

- ☐ is attached hereto.
☒ was filed on January 12, 2001 as Application Serial No. 09/760,376.
☐ was described and claimed in PCT International Application No. _____ filed on _____ and as amended under PCT Article 19 on _____.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose all information I know to be material to patentability in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby appoint the following attorneys and/or agents to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Mark S. Ellinger, Reg. No. 34,812	Nancy A. Johnson, Reg. No. 47,266
Patrick Finn, Reg. No. 44,109	Ronald C. Lundquist, Reg. No. 37,875
Monica McCormick Graham, Reg. No. 42,600	M. Angela Parsons, Reg. No. 44,282
H. Sanders Gwin, Reg. No. 33,242	Dorothy P. Whelan, Reg. No. 33,814
Richard J. Anderson, Reg. No. 36,732	Ruffin B. Cordell, Reg. No. 33,487

Address all telephone calls to MARK S. ELLINGER, PH.D. at telephone number (612) 335-5070.

Address all correspondence to MARK S. ELLINGER, PH.D. at:

FISH & RICHARDSON P.C., P.A.
 60 South Sixth Street
 Suite 3300
 Minneapolis, MN 55402

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

Full Name of Inventor: CHERYL A. CONOVER

Inventor's Signature:

Residence Address:

Citizenship:

Post Office Address:

Cheryl Conover
 Rochester, MN
 United States
 939 - 22nd Avenue S.W.
 Rochester, MN 55902

Date:

5/31/01

Combined Declaration and Power of Attorney

Page 2 of 2 Pages

Full Name of Inventor: ANTONIO BAYES-GENIS

Inventor's Signature: *Antonio Bayes-Genis*

Residence Address:

Citizenship:

Post Office Address:

Barcelona, Spain

Spain

Frederic Mompov 621

Barcelona, Spain 08005

Date: May 22, 2021

Full Name of Inventor: DAVID R. HOLMES

Inventor's Signature: *David R. Holmes*

Residence Address:

Citizenship:

Post Office Address:

Rochester, MN

United States

1122 21st Street N.E.

Rochester, MN 55901

Date: 6-1-01

Full Name of Inventor: ROBERT S. SCHWARTZ

Inventor's Signature: *Robert S. Schwartz*

Residence Address:

Citizenship:

Post Office Address:

Rochester, MN

United States

1123 Audax Lane S.W.

Rochester, MN 55902

Date: 6/1/01